

# STATE OF WYOMING - INVESTIGATOR'S TRAFFIC ACCIDENT REPORT

CASE NO. \_\_\_\_\_

|    |                                                                                                                                                             |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
|----|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------|-------------|--------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------|
| 1  | ON PRIVATE PROPERTY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                            | DATE OF ACCIDENT                       | TIME (24 hr)                        | DAY OF WEEK | NUMBER VEHICLES    | PERSONS INVOLVED                                                               | NUMBER OF PEDS                                                                                                                                              | NUMBER INJURED | NUMBER KILLED | INVESTIGATED AT SCENE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HIT/RUN<br><input type="checkbox"/> YES <input type="checkbox"/> NO | PHOTOS<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| 2  | PUBLIC PROPERTY DAMAGE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                                                         | NOTIFIED: POLICE DATE _____ TIME _____ | NOTIFIED: EMS DATE _____ TIME _____ |             | POLICE NOTIFIED BY |                                                                                | EMS RADIO NUMBER                                                                                                                                            |                |               |                                                                                   |                                                                     |                                                                    |
| 3  | <b>LOCATION OF ACCIDENT</b>                                                                                                                                 |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 4  | COUNTY                                                                                                                                                      | CITY                                   |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 5  | ACCIDENT OCCURRED ON: name of street, road, or highway number                                                                                               |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 6  | AT INTERSECTION WITH:                                                                                                                                       |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 7  | HIGHWAY MILEPOST MARKER                                                                                                                                     | HIGHWAY SECTION NUMBER                 | IF NOT AT INTERSECTION              |             | FEET               | DIRECTION nearest street, highway, ramp, bridge, city, railroad crossing, etc. |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 8  | <b>VEHICLE 1</b>                                                                                                                                            |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 9  | <b>VEHICLE 2</b>                                                                                                                                            |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 10 | DRIVER NO. 1 LAST NAME FIRST MIDDLE INITIAL                                                                                                                 |                                        |                                     |             |                    |                                                                                | DRIVER NO. 2 LAST NAME FIRST MIDDLE INITIAL                                                                                                                 |                |               |                                                                                   |                                                                     |                                                                    |
| 11 | ADDRESS                                                                                                                                                     |                                        |                                     |             |                    |                                                                                | ADDRESS                                                                                                                                                     |                |               |                                                                                   |                                                                     |                                                                    |
| 12 | CITY STATE ZIP PHONE                                                                                                                                        |                                        |                                     |             |                    |                                                                                | CITY STATE ZIP PHONE                                                                                                                                        |                |               |                                                                                   |                                                                     |                                                                    |
| 13 | DRIVER'S LICENSE NO. CLASS STATE DATE OF BIRTH                                                                                                              |                                        |                                     |             |                    |                                                                                | DRIVER'S LICENSE NO. CLASS STATE DATE OF BIRTH                                                                                                              |                |               |                                                                                   |                                                                     |                                                                    |
| 14 | OCCUPATION EMPLOYED BY BUSINESS PHONE                                                                                                                       |                                        |                                     |             |                    |                                                                                | OCCUPATION EMPLOYED BY BUSINESS PHONE                                                                                                                       |                |               |                                                                                   |                                                                     |                                                                    |
| 15 | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE POSTED SPEED NUMBER OF OCCUPANTS EST. SPEED INSURANCE CO.                                     |                                        |                                     |             |                    |                                                                                | <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE POSTED SPEED NUMBER OF OCCUPANTS EST. SPEED INSURANCE CO.                                     |                |               |                                                                                   |                                                                     |                                                                    |
| 16 | CARRIER'S NAME VEHICLE SIDE SHIPPING PAPERS DRIVER GVWR: NO. AXLES                                                                                          |                                        |                                     |             |                    |                                                                                | CARRIER'S NAME VEHICLE SIDE SHIPPING PAPERS DRIVER GVWR: NO. AXLES                                                                                          |                |               |                                                                                   |                                                                     |                                                                    |
| 17 | CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                        |                                     |             |                    |                                                                                | CARRIER'S IDENTIFICATION <input type="checkbox"/> US DOT <input type="checkbox"/> HAZ MAT PLACARD? <input type="checkbox"/> YES <input type="checkbox"/> NO |                |               |                                                                                   |                                                                     |                                                                    |
| 18 | VEHICLE OWNER LAST NAME FIRST MIDDLE INITIAL                                                                                                                |                                        |                                     |             |                    |                                                                                | VEHICLE OWNER LAST NAME FIRST MIDDLE INITIAL                                                                                                                |                |               |                                                                                   |                                                                     |                                                                    |
| 19 | ADDRESS CITY STATE                                                                                                                                          |                                        |                                     |             |                    |                                                                                | ADDRESS CITY STATE                                                                                                                                          |                |               |                                                                                   |                                                                     |                                                                    |
| 20 | VEHICLE IDENTIFICATION NO. LICENSE NO. YEAR STATE                                                                                                           |                                        |                                     |             |                    |                                                                                | VEHICLE IDENTIFICATION NO. LICENSE NO. YEAR STATE                                                                                                           |                |               |                                                                                   |                                                                     |                                                                    |
| 21 | MAKE MODEL BODY STYLE YEAR COLOR ODOMETER                                                                                                                   |                                        |                                     |             |                    |                                                                                | MAKE MODEL BODY STYLE YEAR COLOR ODOMETER                                                                                                                   |                |               |                                                                                   |                                                                     |                                                                    |
| 22 | <b>SHADE DAMAGED AREAS</b>                                                                                                                                  |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 23 | <b>DIAGRAM</b>                                                                                                                                              |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 24 | <b>SHADE DAMAGED AREAS</b>                                                                                                                                  |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 25 | INDICATE INITIAL IMPACT BY ARROW                                                                                                                            |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 26 | VEHICLE TOWED BY:                                                                                                                                           |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 27 | VEHICLE TOWED TO:                                                                                                                                           |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 28 | ESTIMATED REPAIR COST \$                                                                                                                                    |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 29 | TICKET/ <input type="checkbox"/> DRIVER NO. 1 <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> OTHER                                            |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 30 | TICKET NO. VIOLATION SECTION                                                                                                                                |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 31 | REQUEST LICENSE INVESTIGATION DRIVER NO.                                                                                                                    |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 32 | <b>ACCIDENT DESCRIPTION</b>                                                                                                                                 |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 33 | ALL PERSONS INVOLVED                                                                                                                                        |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 34 | OFFICER'S RANK & NAME                                                                                                                                       |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 35 | BADGE NO.                                                                                                                                                   |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 36 | DEPARTMENT                                                                                                                                                  |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 37 | DATE OF REPORT                                                                                                                                              |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 38 | DIVISION                                                                                                                                                    |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |
| 39 | AGENCY USE                                                                                                                                                  |                                        |                                     |             |                    |                                                                                |                                                                                                                                                             |                |               |                                                                                   |                                                                     |                                                                    |